

<b>FEE TRANSMITTAL</b>		<b>Complete if Known</b>	
		Application Number	09/213,856-Conf. #6318
		Filing Date	December 17, 1998
		First Named Inventor	Scott Anthony Morgan
		Examiner Name	A. A. Armstrong
		Art Unit	2626
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Practitioner Docket No.	N0484.70331US00
TOTAL AMOUNT OF PAYMENT		(\$)	930.00

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☒ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_  
☐ Deposit Account    Deposit Account Number: 23/2825    Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayment of fee(s)

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	380	190	620	310	250	125	
Design	250	125	120	60	160	80	
Plant	250	125	380	190	200	100	
Reissue	380	190	620	310	750	375	
Provisional	250	125	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	60	30
Each independent claim over 3 (including Reissues)	250	125
Multiple dependent claims	450	225

Total Claims    Extra Claims    Fee (\$)    Fee Paid (\$)    Multiple Dependent Claims  
 - or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_    Fee (\$)    Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims    Extra Claims    Fee (\$)    Fee Paid (\$)  
 - or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets    Extra Sheets    Number of each additional 50 or fraction thereof    Fee (\$)    Fee Paid (\$)  
 - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_  
 Non-electronic filing fee under 37 CFR 1.16(t) for a utility application, \$400 fee (\$200 small entity) \_\_\_\_\_  
 Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 930.00

<b>SUBMITTED BY</b>			
Signature	<i>William R. McClellan</i>	Registration No. (Attorney/Agent)	29,409
Name (Print/Type)	William R. McClellan	Telephone	617.646.8000
		Date	May 23, 2012

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4).

Dated: May 23, 2012

Signature: *Doris A. Champagne* (Doris A. Champagne)